

**Claim Handling**

**Accident MT/1116314**

Policy No.	<input type="text" value="5117344943"/>	Vehicle No.	<input type="text" value="SKJ9338J"/>	GST Registration No.	<input type="text"/>
Certificate No.	<input type="text"/>				
Policyholder Name	<input type="text" value="KEITH LIM"/>			Policyholder NRIC	<input type="text"/>
Product Code	<input type="text" value="PRIVATE CAR INSURANCE"/>	Cover Type	<input type="text" value="drivo CLASSIC"/>	Loading	<input type="text"/>
Contact No.(Mobile)	<input type="text" value="86999338"/>	Contact No.(Office)	<input type="text"/>	Contact No.(Home)	<input type="text"/>
Email Address	<input type="text"/>	Special Remark	<input type="text"/>	eCode	<input type="text"/>
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	<input type="text"/>
NCD Protection	<input type="text" value="Yes"/>	NCD Entitlement(%)	<input type="text" value="50"/>	Private Hire	<input type="text"/>

**Accident Details**

Report Date	<input type="text" value="06/01/2021 14:50"/>	Accident Report Within 24 hrs	<input type="radio"/> Yes	Accident Type	<input type="text"/>
Date of Accident	<input type="text" value="05/01/2021"/>	Time of Accident hh:mm	<input type="text" value="16:45"/>	Country of Accident	<input type="text"/>
Reporting Centre	<input type="text"/>	Orange Force	<input type="text"/>	ICM No.	<input type="text"/>
Accident Location	<input type="text" value="TUAS SOUTH AVENUE 3"/>				

**Total Excess Applicable**

Excess Type	Per Accident	Windscreen Excess	<input type="text" value="100.00"/>		
OD Standard Excess	<input type="text" value="600.00"/>	TP Standard Excess	<input type="text" value="0.00"/>		
YIED OD Excess	<input type="text" value="0.00"/>	YIED TP Excess	<input type="text" value="0.00"/>	Driver is Covered?	<input type="text"/>
Additional Excess	<input type="text" value="0.00"/>				
Total OD Excess Applicable	<input type="text" value="600.00"/>	Total TP Excess Applicable	<input type="text" value="0.00"/>		

**Benefits**

**GST Registered Information**

GST Registered	<input type="text" value="No"/>	GST Registration Date	<input type="text"/>
GST Registration No.	<input type="text"/>	GST Status Verified	<input type="text" value="Yes"/>
Modification History	<input type="text"/>		

**Policyholder Mailing Address**

Address 1	<input type="text" value="BLK 153 #08-18"/>	Address 2	<input type="text" value="MEI LING STREET"/>	Address 3	<input type="text"/>
Address 4	<input type="text" value="SINGAPORE 140153"/>	Address Type	<input type="text" value="Singapore address"/>	Post Code	<input type="text"/>
Unit No.	<input type="text"/>	Related Policy Number	<input type="text" value="5117344943"/>		

**OI Driver Info**

Driver Name	<input type="text" value="Valencia Chay"/>	Driver Type	<input type="text" value="Named Driver"/>		
Unnamed driver Name	<input type="text"/>	Driver NRIC	<input type="text" value="S7515149G"/>	Driver DOB	<input type="text"/>
Register Date of Driver License	<input type="text" value="28/12/2000"/>	Driver Age	<input type="text" value="45"/>	Driving Experience	<input type="text"/>
Contact No.(Mobile)	<input type="text" value="86889338"/>	Contact No.(Office)	<input type="text"/>	Contact No.(Home)	<input type="text"/>
Address 1	<input type="text"/>	Address 2	<input type="text"/>	Address 3	<input type="text"/>
Address 4	<input type="text"/>	Address Type	<input type="text" value="Foreign address"/>	Post Code	<input type="text"/>
Unit No.	<input type="text"/>				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	<input type="text" value="SKJ9338J"/>	Driver Insurer Com	<input type="text"/>

**Declaration**

Breathalyser or Blood Test Reading?	<input type="text" value="0 mg"/>	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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**Modification History**

**Claim 001 OD-MX** New

Claim Type *	<input type="text" value="OD-MX"/>	Insured Name	<input type="text" value="KEITH"/>
Contact No.(Mobile)	<input type="text" value="86999338"/>	Contact No. (Home)	<input type="text" value="647360"/>
Email Address	<input type="text" value="keithlim79@hotmail.com"/>	OI Vehicle Number	<input type="text" value="SKJ933"/>
Claim Description	<input type="text" value="SKJ9338J / CB8247G ON 5 Jan 2021"/>		
Preferred Workshop	<input type="text"/>	Insured Liability	<input type="text" value="Not at Fault"/>
Contact No. Finalisation	<input type="text" value="Yes"/>	Repair Option	<input type="text" value="Preferred Workshop, Name unknown"/>
Date Registered	<input type="text" value="06/01/2021 15:00"/>	GIA report	<input type="text" value="Received"/>
		Claim Close Date	<input type="text"/>



